U.S. Department of Labor Office of Labor-Management S Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
N 1215-0188
Ex i s 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 🧏

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filling. Name SUMAD	10557	Through: D/ST/SXX	
Labor Organization File Number DAA OTTANA AND Street DAA OTTANA AND Street DAA OTTANA AND Street DAA OTTANA AND City S. STANO State DAY To Amount. Street City DAY State DAY To Amount. Street DAY To Amount. Street DAY State DAY To Day To Day To Day Telephone Number	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bidg., Room No., if any Street City Street Street Street City Street Street City Street Street Street City Street Street Street City Street Street Street Street City Street Street Street Street Street Tises on the service of the law, that all of the information submitted in this peport (including the information officined in any accompanying documents), has been examined by the signatory and is, to the best of the understgned's knywhedge shoft shief, flue, cipred, flue complete. (See the section on penafties in this instructions) Street Signad On Date Telephone Number	Name DOWN USEASURT	Name (ECO) COO TEO	
Street DG6 (AMD) ADD STREET DG		Labor Organization File Number DIA-50	
City State	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
State MN ZIP Code + 4 SSTS State ZIP Code + 4 SSTS Sta	Street 1044 OTAWA AVE	Street DG6 HAB MAN ADE U.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bidg., Room No., if any Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Peripry and other applicable penalties of the law, that all of the information submitted in this sport (including the information or officialized in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and celler, true, correct, and complete. (See the section on penalties in the instructions.) Date Telephone Number	City W.ST. PAUL	city S.S.PM	
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P.O. Box, Bldg., Room No., if any Tib. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On Date Telephone Number	Name		
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Form LM 20 (2002)	V / / / / /		
	Signed Miller Signed		

Name of Person Filing COMAC FADUST	File Number U-	·	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name WASHAVE WASHAVE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SOFTE SOFTE City BOMINOTON State MN ZIP Code + 4 65 435	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Manuelly Strade Name, if any: P.O. Box, Bidg., Room No., if any Street S	11.a. Nature of such dealing. What Charles Haw	1 1812 M	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.		
Street ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	The contract of the contract o	